FEC FORM 2 STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

14 MAY 15 AH 11: 26 HO

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1. (a) Name of Candidate (in full)	*-								
Ms. Shelley Moore Capito				- :					
(b) Address (number and street) 2 Comstock PI	☐ Check	if address o	hanged	,	2. Candidate's S4WV0015		itification N	umber	
(c) City, State, and ZIP Code					3. Is This	gœe Ne	w	e Amer	nded
Charleston		WV	2531	4	Statement			(A)	
Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate			60.03	
REPUBLICAN PARTY	Senate			wv					
DE	SIGNATION O	F PRINC	CIPAL	CAMPAIGN	COMMITT	EE			
7. I hereby designate the following nar	med political committ	ee as my P	rincipal (Campaign Comn		2014 ar of elect	election)	n(s).	
NOTE: This designation should be	filed with the appropr	iate office li	sted in t	ne instructions.			•		
(a) Name of Committee (in full)									
Capito For West Vir	ginia								
(b) Address (number and street) P.O. Box 11519									
(c) City, State, and ZIP Code					-1 P			 .	
Charleston				wv	25339				
 I hereby authorize the following nan- candidacy. NOTE: This designation should be formula. 					willines, to receive	е апа ехр	ena lanas	on benan or r	пу
(a) Name of Committee (in full)							•		
Capito Victory Com	mittee								
(b) Address (number and street) 228 S Washington St									
Ste 115									
(c) City, State, and ZIP Code	***************************************								
Alexandria				VA	22314				
I certify that I have exa	mined this Statemen	t and to the	best of i	ny knowledge ai	nd belief it is true	. correct a	and comple	te.	
Signature of Candidate	, ·,·-,				· ····································			· · · · · · · · · · · · · · · · · · ·	
	ley Mo	re C	<u>:</u>	5	Date 05/08/2014				•
NOTE: Submission of false, erroneous,	\mathbf{O}				g this Statement	to penalti	es of 2 U.S	.C. §437g.	
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							FEC	FORM 2 (REV. (02/2009\

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) Inhereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Cornenities (in full) Fiscal Conservative Majority Fund (b) Address (number and street) 228 Novel ingon SI Site 115 (c) City, State and ZIP Code Alexandria DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) 2014 Senators Classic Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria VA 22314 DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL] (including Joint Fundraising Representatives) I hereby suthorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ceredicies. NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my ceredicies. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my ceredicies. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my ceredicies. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my ceredicies. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Scott Capito Rounds Victory Fund (b) Address (street and ZIP Code Alexandria VA 22314	FEC Form 2 (Rev. 02/2003)				Page 2 /
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(c) City, State and ZIP Code	901 N Washington St				
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		VA		22314	

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OTHER

PREPARER

United States Senate

OFFICE OF THE SECRETARY

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DANA K MCCALLUM SUPERINTEINDENT HATE OFFICE BURDIN

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